

CALIFORNIA LIQUID WASTE HAULER RECORD

No. 2083

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999085187

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): ALL AMERICAN OIL COMPANY Code No. 90003Pick up Address: 8655 So. Main Street, Los AngelesTelephone Number: (213) 759-6145 P.O. or Contract No.: 37001Order Placed By: _____ Date: 7/7/79Type of Process which Produced Wastes: _____ Code No. _____

(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) Waste treatment Code No. _____

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:

pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____

Special Handling Instructions (if any): _____

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): ALL AMERICAN OIL COMPANY Code No. 90003Business Address: 8655 So. Main Street, Los AngelesTelephone Number: (213) 759-6145 Pick Up: _____ (Date) Time: _____ am ☐ pm ☐State Liquid Waste Hauler's Registration No. (if applicable): 118Job No.: _____ No. of Loads or Trips: _____ Unit No.: 7-2Vehicle: ☐ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title _____

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ Code No. _____Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): _____ Code No. _____
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____ Code No. _____

If waste is held for disposal elsewhere specify final location: _____Disposal Date: 7/7/79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title _____

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

A081602

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title _____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____